

**Medfield Public Library**

**Request for Reconsideration of Library Materials**

If you wish to request reconsideration of library materials or resources, please return the completed form to the director of the Medfield Public Library, 468 Main St, Medfield, MA 02052

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Do you represent yourself or an organization?

- Self
- Organization (please specify) \_\_\_\_\_

What is the resource on which you are commenting?

- Book       DVD       Magazine       Audio recording
- Other (please specify) \_\_\_\_\_

Title of resource \_\_\_\_\_

Author/Artist/Producer of resource \_\_\_\_\_

What brought this resource to your attention?

\_\_\_\_\_  
\_\_\_\_\_

Have you examined the resource in its entirety? If not, what parts did you examine?

\_\_\_\_\_  
\_\_\_\_\_

What concerns do you have about the resource? (use other side or additional pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you aware of the critical opinion of the work?

\_\_\_\_\_  
\_\_\_\_\_

What would you like the library to do about this work?

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*The director of the library will review your request and respond within 60 days.*